pplication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

09848694

| Column 1   Column 2   TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          | •                                              | CLAIMS AS          | ALL E         | NTITY         |              | OTHER            | THAN |              |        |    |           |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------|--------------------|---------------|---------------|--------------|------------------|------|--------------|--------|----|-----------|------------------------|
| NUMBER FILED   NUMBER EXTRA   NUMBER   NUMBER EXTRA   NUMBER   NUMBER EXTRA   NUMBER   NUMBER EXTRA   NUMBER   N    |                                                                          | T41 - 41 - 41 - 41                             |                    |               |               | (Column 2)   |                  |      |              |        | OR |           |                        |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TOTAL CLAIMS                                                             |                                                |                    | 10            |               |              |                  | R    | ATE          | FEE    |    | RATE      | FEE                    |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FOR                                                                      |                                                |                    | NUMBER FILED  |               | NUMBER EXTRA |                  | BAS  | IC FEE       | 355.00 | OR | BASIC FEE | · 710.00               |
| MULTIPLE DEPENDENT CLAIM PRESENT  If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3)  REMAINING REMAINING PREVIOUSLY PAID FOR PRESENT PREVIOUSLY PAID FOR PREVIOUSLY PAID FOR PREVIOUSLY PAID FOR PREVIOUSLY PRESENT PRESENTATION OF MULTIPLE DEPENDENT CLAIM  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 4)  (Column 2)  (Column 3)  (Column 3)  (Column 4)  (Column 2)  (Column 3)  (Column 4)  (Column 2)  (Column 3)  (Column 4)  (Column 4)  (Column 4)  (Column 5)  (Column 5)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 8)  (Column 8)  (Column 9)  (Column 9)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 4)  (Column 6)  (Column 7)  (Column 7)  (Column 7)  (Column 8)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 5)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 8)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 2)  (Column 3)  (Column 3)  (Column 4)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 2)  (Column 3)  (Column 5)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 7)  (Column 8)  (Column 8)  (Column 8)  (Column 9)  (Column 9)  (Column 1)  (Colum  | TOTAL CHARGEABLE CLAIMS                                                  |                                                |                    | /0 minus 20=  |               | •            |                  | ×    | \$ 9=        |        | OR | X\$18=    | -                      |
| *If the difference in column 1 is less than zero, enter "0" in column 2  **CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  **CLAIMS REMAINING AFTER PREVIOUSLY PAD FOR PATTER AMENDMENT PAD FOR PAD FOR PATTER AMENDMENT PAD FOR PAD FOR PATTER AMENDMENT PAD FOR PAD FOR PAD FOR PATTER AMENDMENT PAD FOR PAD FOR PATTER AMENDMENT PAD FOR PAD FOR PAD FOR PATTER AMENDMENT PAD FOR PAD FOR PAD FOR PATTER AMENDMENT PAD FOR PAD FOR PAD FOR PAD FOR PAD FOR PATTER AMENDMENT PAD FOR PAD FOR PAD FOR PAD FOR PATTER AMENDMENT PAD FOR PAD FOR PAD FOR PATTER AMENDMENT PAD FOR PAD FOR PAD FOR PATTER PACTIONAL FEE PACTIONA  | INDEPENDENT CLAIMS                                                       |                                                |                    | \ \ \ m       | ninus 3 =     | . 2          |                  | X    | 40=          |        | OR | X80=      | 160                    |
| TOTAL OR TOTAL OR TOTAL OR TOTAL OR TOTAL OR SMALL ENTITY  CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING PREVIOUSLY PAID FOR PAID FOR PAID FOR PREVIOUSLY PAID FOR PAID   | MU                                                                       | LTIPLE DEPEN                                   | IDENT CLAIM P      | RESENT        |               |              |                  |      | 35-          |        |    | +270-     | , <u> </u>             |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING REMAINING AFTER PREVIOUSLY PAID FOR PRESENTATION OF MULTIPLE DEPENDENT CLAIM  Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                |                    |               |               |              |                  |      |              |        |    |           | 477                    |
| Column 1)   Column 2)   Column 3   SMALL ENTITY   OR   SMALL ENT    |                                                                          |                                                | 10                 | HAL           |               | ОН           |                  |      |              |        |    |           |                        |
| CLAIMS REMAINING AFTER AMENDMENT  Total  Total  Minus  Min  |                                                                          |                                                |                    | 4WENDE        |               |              |                  |      | SMALL ENTITY |        | OR |           |                        |
| Total Minus   |                                                                          |                                                | CLAIMS             |               |               |              |                  |      |              | ADDI-  |    |           | ADDI-                  |
| +135=   OR   +270=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ENTA                                                                     |                                                | AFTER              |               | PREVIO        | DUSLY        |                  | R    | ATE          | TIONAL |    | RATE      | TIONAL<br>FEE          |
| +135=   OR   +270=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NON                                                                      | Total                                          | . 9                | Minus         | ·- 2          | 0            | <b>-</b> 0       | X    | 9=           |        | OR | X\$18=    |                        |
| Column 1)   Column 2)   Column 3)   Calims   Remaining   April   Apr    | AME                                                                      |                                                | .5                 |               | ··· E         | 5            | <i>-D</i>        | ×    | 40=          |        | OR | X80=      |                        |
| Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |                                                | NTATION OF M       | ULTIPLE DE    | PENDENT       | CLAIM        |                  | +1   | 35=          |        | OR | +270=     |                        |
| CLAIMS REMAINING AFTER PREVIOUSLY PAID FOR  Total  Total  Total  Minus  **  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  CLAIMS REMAINING AFTER PREVIOUSLY PAID FOR  **  **  **  **  **  **  **  **  **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          | A                                              |                    |               |               |              |                  |      |              |        | OR |           |                        |
| REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR PRESENT EXTRA  Total • Minus ••• =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                                |                    |               |               |              | (Column 3)       |      |              |        | -  |           |                        |
| +135= OR +270=  TOTAL ADDIT. FEE  (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT PAID FOR  Total  Total  ADDIT. FEE  ADDIT. FEE  RATE TIONAL FEE  Total  Tota  | AMENDMENT B                                                              |                                                | REMAINING<br>AFTER |               | NUM<br>PREVIO | BER .        |                  | R    | ATE          | TIONAL | t, | RATE      | ADDI-<br>TIONAL<br>FEE |
| +135= OR +270=  TOTAL ADDIT. FEE  (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT PAID FOR  Total  Total  ADDIT. FEE  ADDIT. FEE  RATE TIONAL FEE  Total  Tota  |                                                                          | Total                                          | •                  | Minus         | **            |              | =                | X    | 9=           |        | OR | X\$18=    |                        |
| +135= OR +270=  TOTAL ADDIT. FEE  (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT PAID FOR  Total  Tot  |                                                                          |                                                | •                  |               |               |              |                  | ×    | 40=          |        | OR | X80=      |                        |
| (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT PAID FOR  Independent  (Column 2) (Column 3)  CLAIMS REMAINING PRESENT EXTRA  RATE TIONAL FEE  X\$ 9=  OR  ADDIT. FEE  A |                                                                          | FIRST PRESE                                    | NTATION OF M       | ULTIPLE DE    | PENDENT       | CLAIM        |                  | +1   | 35=          |        |    | +270=     |                        |
| (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR  Independent  (Column 2) (Column 3)  HIGHEST NUMBER PRESENT EXTRA  RATE TIONAL FEE  X\$ 9=  OR  X\$18=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                                                |                    |               |               |              |                  |      |              |        | OR |           |                        |
| CLAIMS REMAINING AFTER AMENDMENT  Total  Independent  Minus  HIGHEST NUMBER PREVIOUSLY PAID FOR  PRESENT EXTRA  PRESENT EXTRA  RATE  TIONAL FEE  X\$ 9=  OR  X\$18=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |                                                |                    |               |               |              | (Column 3)       |      | _            |        |    |           |                        |
| Total • Minus •• = X\$ 9= OR X\$18= Independent • Minus ••• = Y40=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | AMENDMENT C                                                              |                                                | REMAINING<br>AFTER |               | NUM<br>PREVI  | BER<br>OUSLY |                  | R    | ATE          | TIONAL |    | RATE      | ADDI-<br>TIONAL<br>FEE |
| Independent • Minus ••• = V40-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          | Total                                          | •                  | Minus         | ••            |              | =                | ] X: | 9=           |        | OR | X\$18=    |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          | Independent                                    | •                  | Minus         | ***           |              | =                |      | 40=          |        |    | X80=      |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR AND OR AND OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | _                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                    |               |               |              |                  |      | ,,,-         |        | OH | ///       | <del> </del>           |
| +135= OR +270=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |                                                |                    |               | l             |              | aluma 2          |      |              |        | OR |           |                        |
| "If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL  ADDIT. FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | **                                                                       | If the "Highest Nu                             | mber Previously P  | aid For IN Th | HIS SPACE     | is less th   | an 20, enter "20 |      |              |        | OR |           |                        |